

Florida Retirement System (FRS) Investment Plan Distribution Affidavit

I, _____ will be taking a distribution from my FRS Investment Plan account at the earliest possible date (one or three months) following my employment termination date from the University of Central Florida. This will allow the University of Central Florida the ability to code my termination as retired and will also serve to verify my eligibility for retiree health and/or basic life insurance under the State of Florida Group Insurance, if I decide to elect the coverage as a retiree.

Signature

Date Signed

Employee ID Number

Notary: State of _____, County of _____. The above named person has sworn to and subscribed before me this _____ day of _____ 20____ and is personally known ____, or produced _____ as identification.

Signature of Notary Public-State of _____

Print, type or stamp Commissioned Name of Notary Public